

# Food Establishment Inspection Report

Jackson County Health Department PO Box 307 – 415 Health Department Rd Murphysboro IL 62966		(618) 684-3143 ext. 128	No. of Risk Factor/Intervention Violations <b>2</b>	Date <b>2/7/14</b>
Establishment <b>Wendys</b>		License/Permit # <b>1013</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>2:30</b>
Street Address <b>412 W Walnut St</b>		Permit Holder <b>Murich Hughlett</b>	Purpose of Inspection <b>Routine</b>	Time Out <b>3:45</b>
City/State <b>Carbondale</b>		ZIP Code <b>(240)</b>	Risk Category <b>II</b>	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
**IN**=in compliance    **OUT**=not in compliance    **N/O**=not observed    **N/A**=not applicable  
 Mark "X" in appropriate box for COS and/or R  
**COS**=corrected on-site during inspection    **R**=repeat violation

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Person in charge present, demonstrates knowledge, and performs duties				16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A				17	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Certified Food Protection Manager (CFPM)				<b>Time/Temperature Control for Safety</b>		
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting				19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
4	<input checked="" type="radio"/> In <input type="radio"/> Out				20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
	Proper use of restriction and exclusion				21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
5	<input checked="" type="radio"/> In <input type="radio"/> Out				22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
	Procedures for responding to vomiting and diarrheal events				23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O				24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	
	Proper eating, tasting, drinking, or tobacco use				<b>Consumer Advisory</b>		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No discharge from eyes, nose, and mouth				<b>Highly Susceptible Populations</b>		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Hands clean and properly washed				<b>Food/Color Additives and Toxic Substances</b>		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	
10	<input checked="" type="radio"/> In <input type="radio"/> Out				<b>Conformance with Approved Procedures</b>		
	Adequate handwashing sinks properly supplied and accessible			29	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out				<b>Compliance with variance/specialized process/HACCP</b>		
	Food obtained from approved source						
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O						
	Food received at proper temperature						
13	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Food in good condition, safe, and unadulterated						
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O						
	Required records available: shellstock tags, parasite destruction						

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  
 Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    **COS**=corrected on-site during inspection    **R**=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Proper Use of Utensils</b>			
	Pasteurized eggs used where required			43	<input checked="" type="radio"/> In <input type="radio"/> Out		
31	<input checked="" type="radio"/> In <input type="radio"/> Out				44	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Water and ice from approved source				45	<input checked="" type="radio"/> In <input type="radio"/> Out	
32	<input checked="" type="radio"/> In <input type="radio"/> Out				46	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Variance obtained for specialized processing methods				<b>Utensils, Equipment and Vending</b>		
<b>Food Temperature Control</b>							
33	<input checked="" type="radio"/> In <input type="radio"/> Out			47	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Proper cooling methods used; adequate equipment for temperature control				48	<input checked="" type="radio"/> In <input type="radio"/> Out	
34	<input checked="" type="radio"/> In <input type="radio"/> Out				49	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Plant food properly cooked for hot holding				<b>Physical Facilities</b>		
35	<input checked="" type="radio"/> In <input type="radio"/> Out			50	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Approved thawing methods used				51	<input checked="" type="radio"/> In <input type="radio"/> Out	
36	<input checked="" type="radio"/> In <input type="radio"/> Out				52	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Thermometers provided & accurate				53	<input checked="" type="radio"/> In <input type="radio"/> Out	
<b>Food Identification</b>							
37	<input checked="" type="radio"/> In <input type="radio"/> Out				54	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Food properly labeled; original container				55	<input checked="" type="radio"/> In <input type="radio"/> Out	
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="radio"/> In <input type="radio"/> Out				56	<input checked="" type="radio"/> In <input type="radio"/> Out	
	Insects, rodents, and animals not present				<b>Employee Training</b>		
39	<input checked="" type="radio"/> In <input type="radio"/> Out			57	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Contamination prevented during food preparation, storage and display				58	<input checked="" type="radio"/> In <input type="radio"/> Out	
40	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Personal cleanliness						
41	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Wiping cloths: properly used and stored						
42	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Washing fruits and vegetables						

# Food Establishment Inspection Report

Establishment: Wendys Establishment #: 1013

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 400 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	40°F	Bacon	102°F		
Makeline #1	40°F	Chili	150°F		
Makeline #2	38°F	Burger	175°F		
Raw storage	37°F	Hot Holding	140°F		
Salad	39°F	Chicken	170°F		
Drive-through	38°F				
Shake machine	33°F				
Cashier	39°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
21	Provide proper hot holding temp (135°F or greater) for all Bacon in facility. Upon inspection product @ 102/110°F. All discarded.	2/8/19
40	Provide hair restraints for all employees in kitchen.	↓
16	Clean vegetable slicer more thoroughly after use + washing. Food debris noted after washing.	CAT
49	Clean fan shroud on refrigeration unit in walkin cooler.	2/8/19
49	Clean interior of microwave in kitchen. Food debris noted.	↓
49	Clean interior bottom of salad refrigeration unit.	↓
51	Repair sprayer @ vegetable prep area. Currently has towel tied around it + leaking water.	↓
49	Clean all drink dispensing units nightly. Pay close attention to area by nozzles.	↓
38	Provide kadagete pest treatment to eliminate fruit flies @ customer convenience center. Flies present below counter @ fountain drink drain.	↓

CFPM Verification (name, expiration date, ID#): ↓

Myriah Hughlett (PIC)  
16703259 x 7/23

HACCP Topic: 21, 22, 18, 16

Myriah Hughlett 2/7/19  
Person in Charge (Signature) Date

[Signature] Follow-up Date: 2/8/19  
Inspector (Signature) Follow-up:  Yes  No (Check one)



**JACKSON COUNTY HEALTH DEPARTMENT**  
**RECHECK INSPECTION/NOTICE TO CORRECT**

Establishment	Wendys
Orig. Inspection Date	2/7/19
Owner/Operator	Bobbi Marris

Items below identify violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item		Correction Date
	* Corrected Violations:	
	21, 40, 16,	
	* Repeated Violation:	
49	Clean interior of microwave in kitchen. Food debris noted.	2/11/19
49	Clean fan shroud on refrigeration unit in walk in cooler.	
51	Repair sprayer @ vegetables prep area. Currently has towel tied around it + leaking water. (Work order put in)	
49	Clean all drink dispensing units nightly. Pay close attention to areas by nozzles.	
38	Provide adequate pest treatment to eliminate fruit flies @ custom convenience center. Flies present below counter @ fountain drink drain.	✓

Date 2/8/19

Time 11:10

Received by Bobbi Marris

Sanitarian [Signature]

**NOTICE TO CORRECT VIOLATIONS**

You are hereby ordered to correct the above noted violations of the Jackson County Food Service Ordinance by \_\_\_\_\_. Failure to correct the violations within the time allotted may result in suspension and removal of your food service permit. Continued operation of the food service establishment without the permit will result in issuance of a citation and may result in a fine of up to \$500. Each day upon which such violation occurs shall constitute a separate violation.

If the above violations are not corrected within time allotted, a mandatory hearing may be scheduled at the Jackson County Health Department.

Date Issued: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Sanitarian: \_\_\_\_\_



**JACKSON COUNTY HEALTH DEPARTMENT**  
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Wendys
Orig. Inspection Date	2/7/19
Owner/Operator	Bobbi Marrs

Items below identify violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item	Correction Date
* Corrected Violations:	
49, 49, 51, 49, 38	2/11/19
* Note:	
• All violations addressed. Pest control performed on area w/ flies. This area must be cleaned on a routine basis to remove <sup>(KS)</sup> debris that may attract flies. Please e-mail copy of invoice for pest service to kyles@jchd online.org.	

Date 2/11/19

Time 3:40

Received by Bobbi Marrs

Sanitarian [Signature]

**NOTICE TO CORRECT VIOLATIONS**

You are hereby ordered to correct the above noted violations of the Jackson County Food Service Ordinance by \_\_\_\_\_. Failure to correct the violations within the time allotted may result in suspension and removal of your food service permit. Continued operation of the food service establishment without the permit will result in issuance of a citation and may result in a fine of up to \$500. Each day upon which such violation occurs shall constitute a separate violation.

If the above violations are not corrected within time allotted, a mandatory hearing may be scheduled at the Jackson County Health Department.

Date Issued: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Sanitarian: \_\_\_\_\_